

**New Jersey Department of Health and Senior Services
Counseling and Testing Case Management Program**

CASE MANAGEMENT INTAKE / UPDATE

* Check one: ☐ Intake ☐ Update *

* For Update, enter AGENCY, DATE OF UPDATE, and CTS ID NUMBER, then ONLY updated information *

1. Agency Name		2. Case Manager	
3. Intake/Update Date (MM/DD/YY)	4. CTS ID Number	5. Birthdate (MM/DD/YY)	
6. Living Arrangements (Check all that apply) a <input type="checkbox"/> Alone b <input type="checkbox"/> With Children c <input type="checkbox"/> With Siblings d <input type="checkbox"/> With Parents e <input type="checkbox"/> With Spouse f <input type="checkbox"/> Living As Married g <input type="checkbox"/> With Foster Parents h <input type="checkbox"/> With Other Relatives i <input type="checkbox"/> With Friends j <input type="checkbox"/> In Group Quarters k <input type="checkbox"/> Homeless 7. Household Income Per Year (Enter 000 if none; 999 if Unknown) \$_____, 0 0 0 8. Household Size (Number of Persons): _____ 9. Number of Children: _____ 10. Ages Child 1 _____ Child 5 _____ Child 2 _____ Child 6 _____ Child 3 _____ Child 7 _____ Child 4 _____ Child 8 _____ 11. Marital Status (Circle only one) 1 Never Married 2 Married 3 Widowed 4 Separated 5 Divorced 6 Not Assessed		12. Highest School Grade Completed _____ 13. Employment Status (Circle only one) 1 Employed Full Time 2 Employed Part Time 3 Unemployed - Seeking Work 4 Not in Labor Force 5 Not Assessed 14. Number Past Drug/Alcohol Treatment Episodes (Enter 00 if None; 99 if Unknown) _____ 15. Date Last Treatment (MM/DD/YY) ____ / ____ / ____ 16. Self Help Groups Ever Participated In (Check all that apply) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Narcotics Anonymous 3 <input type="checkbox"/> Alcoholics Anonymous 4 <input type="checkbox"/> Other, Specify: _____ 17. Health Coverage (Circle Only One) 00 None 01 Medicare 02 Medicaid 03 Blue Cross/Blue Shield 04 Commercial Insurance 05 HMO 98 Other, Specify: _____ 99 Unknown	

Counseling and Testing Case Management Program
CASE MANAGEMENT INTAKE/UPDATE, CONTINUED

In-House Case Number: _____

18. Reason Client is Considered at High Risk

- a ☐ Uses Injecting Drugs
- b ☐ Man Who Has Sex With Men
- c ☐ Sex Partner Uses Injecting Drugs
- d ☐ Exchanges Sex for Drugs/Money
- e ☐ Women Who Has Sex With MSM
- f ☐ Non-Injecting Drug User
- g ☐ Other, Specify: _____

**19. Drugs Used Within Past Six Months
(Check all that apply)**

- a ☐ Alcohol
- b ☐ Heroin
- c ☐ Non-Prescription Methadone
- d ☐ Other Opiates or Synthetics
- e ☐ Cocaine/Crack
- f ☐ Marijuana/Hashish
- g ☐ Methamphetamine
- h ☐ Other Amphetamines
- i ☐ Other Stimulants
- j ☐ Benzodiazepines
- k ☐ Other Tranquilizers
- l ☐ Barbiturates
- m ☐ Other Sedatives or Hypnotics
- n ☐ PCP
- o ☐ Other Hallucinogens
- p ☐ Inhalants
- q ☐ Over-the-Counter
- r ☐ Other

**20. Drugs Abused
(Use Codes That Follow and From Question 19)**

	Primary	Secondary	Tertiary
Drug: _____	_____	_____	_____
Route of Admin.: _____	_____	_____	_____
Frequency _____	_____	_____	_____
Age at First Use: _____	_____	_____	_____

ROUTE CODES

- 1 = Oral
- 2 = Smoking
- 3 = Inhalation
- 4 = Intramuscular/Subcutaneous
- 5 = Intravenous

FREQUENCY CODES

- 1 = Not Used in Past Month
- 2 = Less Than Weekly
- 3 = 1-2 Times Per Week
- 4 = 3-5 Times Per Week
- 5 = Daily
- 6 = 2 or More Times Per Day

21. Services Needed (Check All That Apply)

A. Medical

- a ☐ Ob/Gyn
- b ☐ HIV
- c ☐ Dental
- d ☐ Drug/Alcohol
- e ☐ STD
- f ☐ TB
- g ☐ Primary Care
- h ☐ Other, Specify: _____

B. Psychosocial

- l ☐ Housing
- j ☐ Child Care
- k ☐ Job Training
- l ☐ Legal Assistance
- m ☐ Pastoral
- n ☐ Support Groups, Specify: _____

- o ☐ Financial
- p ☐ Other, Specify: _____

- q ☐ Mental Health Counseling
- r ☐ Crisis Intervention, Specify: _____

- s ☐ Other, Specify: _____